

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
APPLICANT(S)

FILING DATE
8/15/01

408~~OK~~ CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		#	#	#
	IND.	DER.	IND.	DER.	IND.	DER.			
1	1		1		1		51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9			6		7		59		
10		4			1		60		
11							61		
12							62		
13							63		
14							64		
15							65		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			3		3		TOTAL IND.		
TOTAL DER.			7		7		TOTAL DER.		
TOTAL CLAIMS			10		10		TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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